

**MCLENDON EDUCATIONAL TRUST SCHOLARSHIP APPLICATION FORM**  
**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**  
**APPLICATIONS MUST BE RECEIVED IN THE FOUNDATION OFFICE**  
**BY 4 P.M. ON DEADLINE DATE NOT POSTMARKED BY DEADLINE DATE**

DATE: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
City State Zip Code

PARENT OR GUARDIAN: \_\_\_\_\_

High School Attended \_\_\_\_\_ Graduation Date \_\_\_\_\_

High School State unweighted gpa \_\_\_\_\_ PLANNED MAJOR: \_\_\_\_\_

For semester applying for will you be a Full-time \_\_\_\_\_ or Part-time Student \_\_\_\_\_

SEMESTER THAT YOU ARE APPLYING FOR ASSISTANCE: (Check one of the following)

- Spring                       Fall                       Summer I                       Summer II

**You are required to submit the following items with your application:**

**1. TRANSCRIPTS:**

**You must submit transcript(s) based on the following categories. Please mark an X in the box by the category which describes your educational background and then complete the gpa and credits earned information and submit the unofficial transcripts as required. Use unweighted state gpa for all high school gpas.**

1.      **High school graduate with no college hours earned. Must provide transcript.**  
Transcripts must show grades through graduation or the third nine weeks for a Fall semester application. If dual enrolled during high school, please also provide the college transcript.
2.      **Attend(ed) Chipola College.** Chipola College credit hours earned \_\_\_\_\_  
Last term completed gpa \_\_\_\_\_ Overall cumulative gpa \_\_\_\_\_ High School gpa \_\_\_\_\_  
If fewer than 24 college credit hours earned, must also submit a high school transcript.
3.      **Attended college(s) other than Chipola.** College credit hours earned \_\_\_\_\_  
Last term completed gpa \_\_\_\_\_ Overall cumulative gpa \_\_\_\_\_ High School gpa \_\_\_\_\_  
If fewer than 24 semester credit hours, must also submit a high school transcript.
4.      **Attended other colleges and Chipola.**  
Last term completed gpa \_\_\_\_\_ Chipola cumulative gpa \_\_\_\_\_ Chipola term gpa \_\_\_\_\_  
Chipola credit hours earned \_\_\_\_\_ Other college cumulative gpa \_\_\_\_\_ Other college term gpa \_\_\_\_\_  
Other college credit hours earned \_\_\_\_\_ High School gpa \_\_\_\_\_  
If fewer than 24 semester credit hours, must also submit high school transcript.  
Must provide transcripts from other college(s) and Chipola transcript.
5.      **GED obtained.** Date earned \_\_\_\_\_  
Must provide documentation of scores.

**2. A LETTER MUST ACCOMPANY THIS APPLICATION CONTAINING THE FOLLOWING:**

- \*\* a little about yourself and your educational plans (e.g. further education and career goals).
- \*\* why you feel you need help to attend college.
- \*\* your school and community involvement and any honors.
- \*\* any extenuating circumstances you wish to be considered by the scholarship committee

# MCLENDON EDUCATIONAL TRUST FINANCIAL STATEMENT

Student Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell : \_\_\_\_\_

Number in household \_\_\_\_\_ Number in household who will be in college \_\_\_\_\_

### 3. **INCOME:**

**Attach a copy of previous year's income tax return(s), IRS Form 1040, 1040A, 1040EZ showing proof of income for everyone in the household. Copies of W-2 forms from an employer will not be accepted – must be IRS forms. Provide official documentation of any other household income and indicate below. If income is greater than \$75,000 you must have documented extenuating circumstances to apply.**

A. **Household income for the last year ended 12/31** \$ \_\_\_\_\_  
Employed at \_\_\_\_\_  
Employed at \_\_\_\_\_

#### **Attach a copy of documentation for each of the following if received in the household:**

SSI amount for previous year	\$ _____
Food Stamp amount for previous year	\$ _____
Child Support amount for previous year	\$ _____
Pensions or portion of pension not included in taxable income	\$ _____
Social Security or portion of social security not included in taxable income	\$ _____
Unemployment received not included on tax return	\$ _____
Other income received from any source for all persons in the household	\$ _____

**TOTAL OF HOUSEHOLD INCOME PLUS OTHER SOURCES OF INCOME = \$ \_\_\_\_\_**

### B. **List all yearly expenses for the entire household:**

Housing \$ _____	Food \$ _____
Utilities \$ _____	Clothing \$ _____
Insurance \$ _____	List any other expenses _____
Medical \$ _____	_____
Dental \$ _____	_____

**TOTAL OF ALL YEARLY EXPENSES FOR THE ENTIRE HOUSEHOLD = \$ \_\_\_\_\_**

### C. **Sources of other funding:**

<b>I have applied</b>	<b>If awarded indicate amount for the semester</b>
yes or no	\$ _____ Pell Grant
yes or no	\$ _____ Work study
yes or no	\$ _____ One Stop
yes or no	\$ _____ Florida Bright Futures/Gold Seal

D. **Number of credit/clock hours you plan to register for** \_\_\_\_\_.

E. **I request help with the following (Check one).**

**Tuition/Books**                       **Tuition Only**                       **Books Only**

I certify that the above information is correct. The Foundation has my permission to release this information to outside benefactors and volunteers for consideration of my eligibility. Grade reports may also be released for determination of continued eligibility.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date